		Attorney Docket Nu	mber 018	760.023	
DECLARATION FOR UTILITY OR		First Named Inventor Jan		es E. FOX	
	SIGN	COMPLETE IF KNOWN			
PATENT APPLICATION (37 CFR 1.63)		Application Number / To Be Assigned			
		Filing Date	Concurrently Herewith		
Declaration Submitted OR	Declaration Submitted after	Group Art Unit	To Be Assigned		
with Initial Filing	Initial Filing (surcharge (37 CFR 1.16(e))	Examiner Name	To Be Assigned		
the specification of a large property of the specification of the large property of the specification of the speci	M/DD/YYYY)	Fille of the invention) as United was smended on (MM/DD/y a contents of the above identification)	ad States App YYY)		
amended by any amend	ty to disclose information w lications, material information local filing date of the continua	which became available bah dion-in-part application.	veer the filing	date of the prior application and it	
i seknowledge the du communication in part app mational or PCT internal				date of the prior application and it polication(s) for pastoner or investor er than the United States of America or kneedoor o	

[Page 1 of 2]

Burden Hour Statement: This form is extrinated to take 21 minutes to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Paleint and Trademerk Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Washington, DC 20231.

June 26, 2000

1

60/213,918

Additional provisional application numbers are listed on a supplemental priority data sheet PTO/SB/02B attached hereto.

Please type a plus sign (+) inside this box ->				O.S. Pate a collecti	Approved for the and Trademark Offi on of information unit	PTO/SE/01 (18-90) use through 10/31/202. OMB 0651-0032 los: U.S. DEPARTMENT OF COMMERCE los it contains a valid OMB control number.
DECLARATION — Utility or Design Patent Application						
Direct all correspondence to: Customer Number or Ber Code i.abel 21878 OR Correspondence address below						
Name						
Address						
Address						
City	City			State		ZIP
Country	Telephone					Fáx
I hereby declare that all statements made herein of my own knowledge are true and that all statements made on information and belief are believed to be true; and further that these statements were made with the knowledge that willful false statements and the like so made are punishable by fine or imprisonment, or both, under 18 U.S.C. 1001 and that such willful false statements may jeopardize the validity of the application or any patent issued thereon.						
NAME OF SOLE OR FIRST INVENTOR: A petition has been filed for this unsigned inventor						
Given Name Fox						
(first and middle (if am/)) James E. Inventor's Signature Date 22 06 01						
Residence: City Warks State		Country GB		Citizenship British		
് Mailing Address Welford Bost Statiou,S	TNDER. Hyder Mean	low Lane				
Mailing Address Welford-on-Avon, Strat	ford-apen-/	Lvon				
City Werks	State			ZIP C	V37 6PP	Country GB
NAME OF SECOND INVENTOR: A petition has been filed for this unsigned inventor						
			Family Name or Surname HUDD			
Inventor's aler Hander Date 22/06/0					Date 22/06/01	
Residence: City Herts State			Country GB	Citizenship British		
Mailing Address Bury Colfage						
Mailing Address Nuthampstead						
City Herrs	State ZIP SGS 8NQ Country GB			Country GB		
Additional inventors are being named onsupplemental Additional inventor(s) sheet(s) PTO/SB/02A attached hereto.						

. Please type a plus sign (+) inside this !	bex — +	٠			
Under the Papenwork Reduction Act of 1995, no		U.S. Patent and Trac	idemark Office	PTO/SBIS1 (1 ise twough 10/31/2002, OMB 0851 a: U.S. DEPARTMENT OF COMMI is it displays a valid OMB control nu	1-0035 ERCE
		Application Number	To	Be Assigned	A
i		Filing Date	To	Be Assigned	
POWER OF ATTOR	NEY OR	First Named Invento		mes E. FOX	
	AUTHORIZATION OF AGENT			Be Assigned	
/ / / / / / / / / / / / / / / / / / /	AUTHORIZATION OF AUERT			Be Assigned	
(8760.023	
theselve assesses					
I hereby appoint:					1
Practitioners at Custome	er Number	021878	 ,	Place Customer Number Bar Code	1
OR	· ·	######################################		Label here	1
Practitioner(s) named be	low:				1
	Name		Regis	tration Number	
as my/our attorney(s) or agent(s) to prosecute the	e application identifie	ed above	, and to transact all	
business in the United States F	atent and I radem	rark Office connecte	d therew	Ath.	
					
Please change the corresponde	nce address for th	s beilitnebi-evode er	analicatio	n to-	
☐ The above-mentioned Cust	omer Number.	Phys Salaman is an in a	hhuze	1 10.	
OR .	MER Reference				
OR Firm or					
Individual Name					-
Address					
Address					
City		State			
Gountry		- Assia I		Zip	
Telephone		Tru			
I elephone		Fax			
I am the:	-				
Applicant/Inventor.					
Assignee of record of the					
Statement under 37 CFF	: 3,73(b) is enclose	ed. (Form PTO/SB/9	<i>16</i>).	·	
	SIGNATURE OF ADI	olicant or Assignee o	-F Record	10.11	
Name James E. Fox	3,441, at see, 41	Martin or The Control	Neval a		
Signature (1)	-70cm				
- XVXV	fgo				
Signature Date Do NOTE: Signatures of all the inventors or as	100 01				

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Three will vary depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Patent and Trademark Office, Washington, DC 20231. DO NOT SEND FEES OR COMPLETED FORMS TO THIS ADDRESS. SEND TO: Assistant Commissioner for Patents, Weshington, DC 20231.

forms are submitted.

Total of

Please type a plus sign (+) inside this box		\pm
---	--	-------

PTO/SB/81 (10-00)

Approved for use through 10/31/2002. OMS 9861-0035
U.S. Petent and Trademark Office: U.S. DEPARTMENT OF COMMERCE
Under the Papenwork Reduction Act of 1895, to persons are required to respond to a collection of information unless it displays a valid OMS control number.

POWER OF ATTORNEY OR AUTHORIZATION OF AGENT

Application Number	To Be Assigned
Filing Date	To Be Assigned
First Named Inventor	Jam⇔ E. FOX
Group Art Unit	To Be Assigned
Examiner Name	To Be Assigned
Attorney Docket Number	018760.023

I hereby app	oint:			
OR	oners at Customer Number 021878 ner(s) named below:		Place Customer Number Bar Code Label here	
	Name	Regis	tration Number	
	rney(s) or agent(s) to prosecute the application United States Patent and Trademark Office			
	the correspondence address for the above-id -mentioned Customer Number.	lentified applicatio	m to:	
☐ Firm or				
Address	ame			
Address				
City		State	Zip	
Country				
Telephone		Fax		
I am the:				
Applican	at/inventor.			
Assignee of record of the entire interest. See 37 CFR 3.71. Statement under 37 CFR 3.73(b) is enclosed. (Form PTO/SB/96).				
SIGNATURE of Applicant or Assignee of Record				
Name	Alan L. HUDD			
Signature	Bla 1the al			
Date	22.06.01			
NOTE: Signatures of a multiple	all the inventors or assignment of record of the entire inter-	ed or their represents	tive(s) are required. Submit	
☑ Total of 2	forms are submitted.	V.—		

Burden Hour Statement: This form is estimated to take 3 minutes to complete. Time will very depending upon the needs of the individual case. Any comments on the amount of time you are required to complete this form should be sent to the Chief Information Officer, U.S. Petent and Trademark Office, Washington, DC 20231. DO NOT SENO FEES OR COMPLETED FORMS TO THIS ADDRESS, SEND TC: Assistant Commissioner for Patents, Washington, DC 20231.

УZ

37 C.F.R. §3.73(B) STATEMENT AND POWER OF ATTORNEY

The Assignee for the U.S. Patent Application filed herewith entitled **AN INK FOR INKJET PRINTING THAT PRODUCES A DURABLE IMAGE** (hereinafter "Patent Application"), and the invention disclosed therein, hereby states pursuant to 37 C.F.R. §3.73(b) that the Assignee is now the sole owner of the Patent Application to the exclusion of each inventor thereof.

The Assignee establishes its ownership by submission herewith of an Assignment from each inventor of the Patent Application and the Assignee requests recordation thereof in the records of the U.S. Patent & Trademark Office. As the established owner of the Patent Application, the Assignee hereby invokes its right to conduct prosecution of the Patent Application to the exclusion of each named inventor.

The Assignee further hereby appoints the Attorneys and Patent Agents of Kennedy Covington Lobdell & Hickman, L.L.P., as identified by **Customer Number 021878** in the records of the U.S. Patent & Trademark Office and as updated from time to time, to prosecute the Patent Application and to transact all business in the U.S. Patent & Trademark Office connected therewith. All correspondence in this case should be directed to:

Susan S. Jackson Kennedy Covington Lobdell & Hickman, L.L.P. Bank of America Corporate Center, Suite 4200 100 N. Tryon St., Charlotte, NC 28202-4006

The telephone number is (704) 331-7400 and the facsimile number is (704) 331-7598.

The Assignee hereby declares that no other person or entity is authorized to take any action before the U.S. Patent & Trademark Office with respect to the Patent Application. The undersigned (whose title is supplied below) is empowered to sign this statement on behalf of the Assignee.

SOURCE TECHNOLOGIES, INC

By:

Signature of Corporate Office

Office/

Date

Miles T, Busby

Name of Corporate Officer

<u>President</u>

Title of Corporate Officer